Appendix 2

FORM FOR WITHDRAWAL OF ADMISSION

1. Programme: _____

(from which withdrawing)

2.Name of Student:_____

3.Parent / Guardian's Name:_____

4.Complete Address (At which refund is required to be sent):

_____

_____

PINCODE_____

5. (a) Telephone (With STD Code):_____

(b) Mobile:_____

6. (a) Cheque to be Issued in the Name of *_____

(b) Relationship:_____

(with student)

UNDERTAKING

We understand and know the refund rules of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through a Crossed Cheque issued as per above request.

_____

_____

Signature of Parents / Guardian) (Signature of Student)

Dated _____ Dated _____

Compulsory Encl.: Copies of Fee Receipt issued at the time of Admission (ORIGINAL)

The cheque will be issued in the name of student if no information is given under column 6 above

Note: Use photocopy of this Form